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Cth1 Attorney Docket No. First Inventor

PATENT APPLICATION

TRANSMITTAL

Samuel Shiber **Thrombectomy Catheter** Express Mail Label No. EM504750723US

(Only for new nonprovisional	applications under 37 CFR 1.53(b))					- f- Detecto
APPLICATION ELEMENTS			RESS TO: Box Pa	itent Appl	ication	
See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231						
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27.			CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
Specification	[Total Pages 14] Computer Readable Form (CRF)					
	t forth below)					
			•			
 Cross Reference to Related Applications Statement Regarding Fed sponsored R & D 			i. D-ROM or CD-R (2 copies); or			
- Reference to sequence listing, a table,			ii. 🔲 paper			
or a computer pro	gram listing appendix	с. [c. Statements verifying identity of above copies			
- Background of the - Brief Summary of	e Invention		ACCOMPANYING APPLICATION PARTS			
- Brief Description	of the Drawings (if filed)					
- Detailed Descript	ion	9	Assignment Papers (פנסנט	
- Claim(s)		10.	37 CFR 3.73(b) State	ement		Power of Attorney
- Abstract of the D	Isciosure		(when there is an as			
Drawing(s) (35 U.S	Drawing(s) (35 U.S.C. 113) [Total Sheets 4]				т (п ар	Copies of IDS
	, , , , , , , , , , , , , , , , , , ,	12.	Information Disclosu			Citations
5. Oath or Declaration	[Total Pages 2	' '=	Statement (IDS)/PT			
a. Newly execut	ed (original or copy)	13	Preliminary Amendr			
Convitrom a r	vrior application (37 CFR 1.63 (0))	14.	Return Receipt Pos (Should be specifical	tcard (MP	'EP 50	13)
	on/divisional with Box 18 completed)	1	(Snould be specificated Copy of Br	iority Doc	umeni	t(s)
DELETIC	ON OF INVENTOR(S)	15.	Certified Copy of Pr	claimed)	,umorn	.(0)
Signed state	ement attached deleting inventor(s) e prior application, see 37 CFR	40.5	Nonnublication Rec	uest und	er 35 t	J.S.C. 122
1 63(4)(2) 2	e prior application, see 37 CFN nd 1.33(b).	16.	(b)(2)(B)(i). Applica	nt must at	ttach f	orm PTO/SB/35
*	or its equivalent.					
6. Application Data	6. Application Data Sheet. See 37 CFR 1.76					
*	CATION, check appropriate box, and se	unnly the real	isite information below a	nd in a pi	relimin	ary amendment,
18. If a CONTINUING APPLICATION Data She	;ATION, cneck appropriate box, and so	apply all rous				
3.1 — —	Divisional Continuation-in-part (Cl	P)	of prior application No.:			
Continuation			Group Art Unit:			
Prior application information:	Examiner:	f the prior app		h or decla	aration	is supplied under
For CONTINUATION OR DIVISION OF SECULAR SECU	ONAL APPS only: The entire disclosure of the disclosure of the accompanying con	tinuation or di	visional application and is	hereby in	corpor	ated by reference.
The incorporation can only be	relied upon when a polubit has been mod	VOI 12.11.2.7 ***********************************		meauon p		
	19. CORRESPO	IDENCE ADI	DRESS			
Customer Number or Bar Co	nde Label 96/800 (mr. str. Carterior fro. 27 d. b.s.)	our recolling?	or	Correspond	dence ad	dress below
	O Chihar					
Name	Samuel Shiber					
	365 Kearney Circle 36)608				
		ADEMARK OFFICI	•			
Address		State		Zip C	Code	03104
City	Manchester	State	NH	├		
Country	USA	Telephone	603 644-1773	Fa	ex T	644-1776
	Samuel Shiber	Re	Registration No. (Attorney/Agent)			
Name (Print/Type)		00/04/0000				
Signature	Sangling			Date		31/2002

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PTO/SB/17 (10-01)
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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL	AMOUNT	OF P	AYMENT

(s) 370.00

Co	mplete if Known
Application Number	
Filing Date	
First Named Inventor	Samuel Shiber
Examiner Name	
Group Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT	FEE CALCULATION (continued)	FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES					
1. Indicated fees and credit any overpayments to:	Large Small					
Account Number	Entity Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	Fee Paid				
Deposit Account Name Samuel Shiber	105 130 205 65 Surcharge - late filing fee or oath					
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet					
Applicant claims small entity status.	139 130 139 130 Non-English specification					
See 37 CFR 1.27	147 2,520 147 2,520 For filing a request for ex parte reexamination					
2. Payment Enclosed: Check Credit card Money Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action					
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action					
	115 110 215 55 Extension for reply within first month					
1. BASIC FILING FEE	116 400 216 200 Extension for reply within second month					
Large Entity Small Entity Fee Fee Fee Fee Description	117 920 217 460 Extension for reply within third month					
Code (\$) Code (\$)	118 1,440 218 720 Extension for reply within fourth month					
101 740 201 370 Utility filing fee 370.00	128 1,960 228 980 Extension for reply within fifth month					
106 330 206 165 Design filing fee	119 320 219 160 Notice of Appeal					
107 510 207 255 Plant filing fee	120 320 220 160 Filling a brief in support of an appeal					
108 740 208 370 Reissue filing fee	121 280 221 140 Request for oral hearing					
114 160 214 80 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding					
SUBTOTAL (1) (\$) 370.00	140 110 240 55 Petition to revive - unavoidable					
2. EXTRA CLAIM FEES	141 1,280 241 640 Petition to revive - unintentional					
Extra Claims below Fee Pai	d 142 1,280 242 640 Utility issue fee (or reissue)					
Total Claims 14 -20** = 0 x = 0.00	143 460 243 230 Design Issue fee					
Independent $3 - 3^{\bullet \bullet} = 0 \times = 0.00$	144 620 244 310 Plant issue fee					
Claims Multiple Dependent = 0.00	122 130 122 130 Petitions to the Commissioner					
	123 50 123 50 Processing fee under 37 CFR 1.17(q)					
Large Entity Small Entity	126 180 126 180 Submission of Information Disclosure Stmt					
Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)					
103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a))					
104 280 204 140 Multiple dependent claim, if not paid	149 740 249 370 For each additional invention to be					
109 84 209 42 ** Reissue independent claims over original patent	examined (37 CFR § 1.129(b))	<u> </u>				
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	179 740 279 370 Request for Continued Examination (RCE) 169 900 169 900 Request for expedited examination					
SURTOTAL (2) (\$) 0.00	of a design application Other fee (specify)					
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	0.00				

Complete (if applicable) SUBMITTED BY Registration No. Telephone 603 644-1773 Name (Print/Type) Samuel Shiber (Attorney/Agent) Date 03/01/2002 Signature

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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

CERTIFICATE OF MAILING My docket No: Cth1

Assistant Com. of Patents Washington D.C. 20231

Sir:

I hereby certify that this application is being mailed to the Assistant Commissioner of Patents, Washington D.C. 20231 on the date shown below by Express Mail Post Office To Addressee, label No. EM504750723US, and I request that the MAILING DATE will be accepted as the FILING DATE for the enclosed application.

MAILING (FILING) DATE: 3-1-2002

Signed by Samuel Shiber on 3-1-2002

365 Kearney Cr., Manchester, NH 03104, Ph: 603/644-1773 FAX: 603/644-1776